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Bib Data Sheet

|                            |                                       |              |                        |                                      |
|----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10720,240 | FILING DATE<br>11/25/2003<br><br>RULE | CLASS<br>439 | GROUP ART UNIT<br>2833 | ATTORNEY<br>DOCKET NO.<br>MR1957-804 |
|----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Wen Hsiang Yueh, Hsin Chuang City, TAIWAN;

\*\* CONTINUING DATA \*\*\*\*\*  
*sk*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*ci*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/24/2004

|  |  |                               |                        |                      |                            |
|--|--|-------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>[Signature]</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>7 | INDEPENDENT<br>CLAIMS<br>2 |
|--|--|-------------------------------|------------------------|----------------------|----------------------------|

ADDRESS  
 04586  
 ROSENBERG, KLEIN & LEE  
 3458 ELLICOTT CENTER DRIVE-SUITE 101  
 ELLICOTT CITY, MD  
 21043

TITLE  
 USB plug with a multi-directional rotation structure

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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